

Application for Employment Laborer

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regards to race, color, religion, sex, national origin, age marital status or non-job related disability.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract, unless a specific document to that effect is executed by the employer and me in writing.

Date:	Position Applying for:	Pay Expectation:	
Name: Last, First Middle			Email Address
Current Address			
Street:		City:	State:
Zip Code:	Telephone:	How Long:	
Previous Address			
Street:		City:	State:
Zip Code:	Telephone:	How Long:	

Do you have the legal right to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Education

	School Name/Location	Degree Earned	Graduated
Did you complete a high school or GED program?			Yes No
Did you complete a college or degree program?			Yes No

Military Experience

	Branch	Year Completed	Means of Discharge
Did you ever serve in the U.S. Armed Forces?			

Employment Information (10 years)

Employer Name: Last Employer		Position:		
Street:		City:		State:
Zip Code:	Telephone:	From:	To:	Final Pay:
Reason for Leaving:				

Employer Name: 2nd Last Employer		Position:		
Street:		City:		State:
Zip Code:	Telephone:	From:	To:	Final Pay:
Reason for Leaving:				

Employer Name: 3rd Last Employer			Position:		
Street:		City:		State:	
Zip Code:	Telephone:	From:	To:	Final Pay:	
Reason for Leaving:					

EXPLAIN ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Have you ever worked for this company? (If YES, please complete below)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
From:	To:	Position:		
Reason for Leaving:				

License Information

Section 383.21 FMCSR states. "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that I do not have more than one motor vehicle license other than the information which is listed below

Driver's License #	State	Type	Expiration

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? **Yes** **No**

B. Has any license, permit or privilege ever been suspended or revoked? **Yes** **No**

If Yes please give date (s) and explain: _____

Driving Experience

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates From - To	Approx. No. of miles (Total)
Straight Truck			
Tractor and Semi-Trailer			
Tractor – Two Trailer			
Other			

Accident Record for past 3 years or more (Attach sheet if more space is needed)

Dates	Nature of Accident (Head-on, Rear-end, upset, Etc.)	Number Fatalities	Number Injuries	Chemical Spills
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Traffic Convictions and Forfeitures for the past 3 years (Other than parking violations)

Date Convicted (month/year)	Violation	State of Violation Location	Penalty (forfeited bond, collateral and/or points)

Controlled Substances and Alcohol Testing

All drivers who drive Commercial Motor Vehicles which require a Commercial Drivers License (CDL) are subject to controlled substances and alcohol testing. Any driver that violates Department of Transportation and Federal Motor Carrier Safety Administration regulations found in 49 CFR Parts 40 and 382 will be terminated. The circumstances in which the driver will be tested for presence of controlled substance and or alcohol are listed below:

- 382.301 Pre-employment testing;
- 382.303 Post accident testing;
- 382.305 Random testing, per the prevailing rate as required by US DOT;
- 382.307 Reasonable suspicion testing;
- 382.309 Return to duty testing;
- 382.311 Follow up testing;

Have you tested positive or refused to be tested on any pre-employment drug test in which you were not hired during the past two years?		
Yes	<i>(Please provide proof that you have successfully completed the SAP Evaluation, recommended treatment, return to duty and follow-up testing)</i>	No

TO BE READ AND SIGNED BY APPLICANT

Initials _____ I authorize you to make sure investigations and inquiries to my personal, employment, financial, driving record or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended). I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

Initials _____ In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

Initials _____ I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

Initials _____ I understand that all citations issued to me, whether in a personal or company vehicle must be reported to my supervisor immediately and all fines assessed for any traffic violations will be my responsibility. Any speeding citations issued for speed in excess of 25mph over the posted speed limit will be subject to review by company management and could result in termination of employment. I authorize the employer to obtain my driving abstract annually.

Initials _____ I understand the Passenger Policy.

- Employee must have a written authorization form from the company to transport a passenger
- Passenger must be a member of employee's immediate family and in good health
- Passenger must be over 12 years of age
- Passenger will not be allowed inside plants where loads are being picked up or delivered and must remain in the truck during loading and unloading
- In case of an accident, an employee will be responsible for necessary medical treatment for the passenger

Initials _____ In accordance with the Fair Credit Reporting Act, (Public Law 91-508), as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I of Public Law 104-208), you are being informed that a consumer report may be obtained on you for employment purpose.

Initials _____ This application for employment shall be considered active for a period of time not to exceed 180 days. If I wish to be considered for employment beyond this time period, I understand that I need to inquire as to whether or not applications are being accepted at that time.

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date: _____

Applicant's Signature: _____